

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: GENE MUTATION ASSOCIATED WITH AGE-RELATED MACULAR DEGENERATION

Attorney Docket Number:: 49321-59-1/OHSU#642

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	L.
Family Name::	Klein
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	1501 Fourth Avenue, Suite 2600
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98101-1688

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Dennis
Middle Name::	
Family Name::	Schultz
Name Suffix::	
City of Residence::	Portland
State or Province of Residence::	OR

Country of Residence:: US
 Street of mailing address:: 1501 Fourth Avenue, Suite 2600
 City of mailing address:: Seattle
 State or Province of mailing address:: WA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 98101-1688

Correspondence Information

Correspondence Customer Number:: **22504**
 Name::
 Street of mailing address::
 City of mailing address::
 State or Province of mailing address::
 Country of mailing address::
 Postal or Zip Code of mailing address::
 Phone number::
 Fax Number:
 E-Mail address::

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC § 119(e)	60/443,214	01/27/03

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Oregon Health & Science University
Street of mailing address::	2525 SW 1st Avenue, Suite AD-120
City of mailing address::	Portland
State or Province of mailing address::	OR
Country of mailing address::	US
Postal or Zip Code of mailing address::	97201-4753